

Health Department, City of Baltimore.

Permit No. *1380*

Office of Registrar of Vital Statistics.

Ward *9*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 16th 1887 = 5:30 P.M.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Sophia Jenoch*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *40*

Years,

Months,

Days.

Color, *White*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Household duties = In sister's family 17 yrs*

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Germany*

Duration of Residence in the City of Baltimore, *17 yrs*

Place of Death, { Give Street and Number. } *New 609 E. Baltimore*

Cause of Death, { First (Primary), Second (Immediate), } *Malaria = 4 days*
Apoplexy = 30 minutes

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *July 18th 1887*

Undertaker, *C. Barlett & Son*

Place of Business, *222 E. Piccadilly St.*

Address, *1102 E. Baltimore St.*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. *A 1381*

Office of Registrar of Vital Statistics.

Ward *18*

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CERTIFICATE OF DEATH.

Date of Death, *July 16th 1887*

Full Name of Deceased, *John W. Colley*

Sex, Male or ~~Female~~

Age, *80* Years, *one* Months, Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~

Occupation, *Master Carpenter*

Birth Place, *Wales*

Duration of Residence in the City of Baltimore, *About 60 years*

Place of Death, *Cor of Hollins and Shickler Sts*

Cause of Death, *Cerebral Congestion*
Acute Gastritis

Duration of Last Sickness, *Four days*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery*

Date of Burial, *July 17th*

Undertaker, *B. Cook*

Place of Business, *1003 N. Bath St* Address, *100 N. Paca St.*

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Health Department, City of Baltimore.

Permit No. A 1382 Office of Registrar of Vital Statistics.

Ward f

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CERTIFICATE OF DEATH.

Date of Death, July 16th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard Alfonso Thomas

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 9 Years, 9 Months, 0 Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ✓

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City 39

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give Street and Number.} Old no. 185 Jefferson St.

Cause of Death, {First (Primary), Second (Immediate),} Chol. Inf.
convulsions

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 17th

{ Undertaker, Wm. Grace } Edwin B. Fenty, M. D.

Medical Attendant.

{ Place of Business, 312 S. Howard St. } Address, 1421 N. Eden St.

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[OVER.]

Health Department, City of Baltimore.

Permit No. A 1383 Office of Registrar of Vital Statistics. Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 19th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samuel Crosby

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 49 - Years, 3 Months, 16 Days

Color, h

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Steamboat Captain

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Anne Arundel Co Md.

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, { Give Street and Number. } 385 N. Gay Street

Cause of Death, { First (Primary), Phthisis Pulmonalis subsequent to Pneumonia Second (Immediate), Exhaustion }

Duration of Last Sickness, Three days (saw patient for first time on Sunday)

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 18th } Chas M. Morfitt M. D.

{ Undertaker, E. A. Schilling Medical Attendant.

{ Place of Business, Askland Square Address, 927 E. Balto St

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[OVER.]

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Health Department, City of Baltimore.

Permit No. A 1384 Office of Registrar of Vital Statistics.

Ward 9th

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CERTIFICATE OF DEATH.

Date of Death, July 18 1887

Full Name of Deceased, Subie O. Snowden {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23 Years, — Months, — Days.

Color, Wht.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.}

Cause of Death, {First (Primary), Second (Immediate),}

Duration of Last Sickness, 18 mos.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 18 1887

{Undertaker, Henry H. Mears

{Place of Business, #413 E. Fayette St. Address, Coroner

Alexander Hill M. D. Medical Attendant.

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[OVER.]

Health Department, City of Baltimore.

Permit No. *A 1385* Office of Registrar of Vital Statistics.

Ward *D 11*

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CERTIFICATE OF DEATH.

Date of Death,

July 17th 87-

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Leammie Burgess

Sex, Male or Female,

{ Cross out the word not required in this line. }

male

Age,

81 Years,

10 Months,

12 Days

Color,

white

Married, ~~Single~~ ~~Widow~~ ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

upholster

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Germany N. H.

Duration of Residence in the City of Baltimore,

55 years

Place of Death,

{ Give Street and Number. }

1426 E. Fayette St

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

old age - as theme

Duration of Last Sickness,

2 years

All the above information should be furnished by the Physician.

Place of Burial,

Forest Mt Cemetery

Date of Burial,

July 19th 1887

Undertaker,

John J. Mach

Living Miller

M. D.

Medical Attendant.

Place of Business,

No 1202 E. Monument St

Address, 1207 E. Monument St

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[OVER.]

Health Department, City of Baltimore.

Permit No. A 1386 Office of Registrar of Vital Statistics. Ward 3^d

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CERTIFICATE OF DEATH.

Date of Death, July 15th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Chas Carl Heornes

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 46 Years, 5 Months, Days

Color, W

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Baker

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 23

Place of Death, { Give Street and Number. } 509 S. 1 Bond Street

Cause of Death, { First (Primary), Second (Immediate), } Bright Disease

Duration of Last Sickness, abt 12 days

All the above information should be furnished by the Physician.

Place of Burial, Falco Cemetery

Date of Burial, July 18. 1887

{ Undertaker, H. Sander son Medical Attendant, Chas M. Morfe M. D. }

{ Place of Business, 1708 Canton Ave Address, 927 E. 1 Bult St }

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[OVER.]

Ward

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

[OVER.]

Health Department, City of Baltimore.

Permit No.

A 1388

Office of Registrar of Vital Statistics.

Ward

12

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CERTIFICATE OF DEATH.

Date of Death,

July 17th

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Caroline Greenbaum

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

74

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

49 years

Place of Death,

{ Give Street and Number. }

1112 Dried Hill Ave

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Paralysis

Duration of Last Sickness,

about 3 years

All the above information should be furnished by the Physician.

Place of Burial,

Eden Street Synagogue Cemetery

Date of Burial,

July 19, 1887

{ Undertaker,

W. Weaver

{ Place of Business,

738 N. Eutaw St

Address,

400 Cathedral St

M. D.

Medical Attendant.

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[OVER.]

Health Department, City of Baltimore.

Permit No. **A 1389**

Office of Registrar of Vital Statistics.

Ward **20**

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CERTIFICATE OF DEATH.

Date of Death, **July 16**

Full Name of Deceased, **Eliz P. S. Kurtz**
(Write legibly and spell correctly. If an Infant not named, give names of parents.)

Sex, **Male** or Female, **(Elizabeth)**
(Cross out the word not required in this line.)

Age, **87** Years, _____ Months, _____ Days.

Color, **White**

Married, Single, **Widow** or **Widower**, **✓**
(Cross out the words not required in this line.)

Occupation, _____

Birth Place, **Balto.**
(State or country, and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore, **Life**

Place of Death, **653 George St**
(Give Street and Number.)

Cause of Death, **Enteritis**
First (Primary), _____
Second (Immediate), **Asthma**

Duration of Last Sickness, **2 weeks**

All the above information should be furnished by the Physician.

Place of Burial, **M. Olivet**

Date of Burial, **July 18 - 1887**

Undertaker, **Wm Weaver**

Place of Business, **738 N. Eutan** Address, **601 Franklin**

L. A. Fleming M. D.
Medical Attendant.

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